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| BIRTH NO. | | REG. DIST. NO. 700 | | PRIMARY REG. DIST. NO. 3041 | | Registrar's No. 147 | |
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> | | c. LENGTH OF STAY (In this place) <u>8 mos.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> | | 6 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sheridan & Rollins</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Sheridan & Rollins</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> | | b. (Middle) <u>J.</u> | | c. (Last) <u>White</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18, 1950</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Aug. 15, 1848</u> | |
| 9. AGE (In years last birthday) <u>102</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher - Ret. Rural Schools</u> | | 11. BIRTHPLACE (State or foreign country) <u>Athens, Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Peter Ryther</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amanda Fish</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mark White</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ralph Talbot</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Chronic Myocardial Failure</u> ANTECEDENT CAUSES <u>Influenza</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 mos</u> <u>9 mos</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb.</u> , 19 <u>50</u> , to <u>Nov. 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 18</u> , 19 <u>50</u> , and that death occurred at <u>1:15 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. L. S. Sussner, D.O.</u> | | | | 23b. ADDRESS <u>Macon</u> | | 23c. DATE SIGNED <u>11/20/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11/19/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u> | | 24d. LOCATION (City, town, or county) (State) <u>Macon Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12/27/50</u> | | REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u> | | ADDRESS <u>Macon Mo</u> | |

RECEIVED 1.2.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 151.243
Date filed 1.2.51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed

Albert Skinner

Signed.....
Student Embalmer

Licensed Embalmer No. 75-1

P. O. Address *Macon, Ga*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.